

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10446

State File No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2887	
1. PLACE OF DEATH a. COUNTY None				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY None			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) UNK		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		L-129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillip				d. STREET ADDRESS (If rural, give location) 4550 Enright Ave.			
3. NAME OF DECEASED (Type or Print) Birdie		a. (First)		b. (Middle)		c. (Last) Frierson	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 10-18-1891	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Attendant		10b. KIND OF BUSINESS OR INDUSTRY None		9. AGE (In years last birthday) 58		11. BIRTHPLACE (State or foreign country) Kosciusko, Miss.	
13a. FATHER'S NAME UNK N A W N		13b. MOTHER'S MAIDEN NAME Anna Irving		14. NAME OF HUSBAND OR WIFE None		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME CLAUDE BELL *Charles -- B-4374 -- Bell Washington, D.C.			
18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) What does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 6-1				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 470X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:20 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Gabriel E Taylor				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3-27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/27/50		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County	
DATE REC'D BY LOCAL REG. MAR 27 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Boyd Bros. Fun. Home ADDRESS 3706 Filney Ave.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Henry C. Williams

Licensed Embalmer No. 4781

P. O. Address 2749 Hickory St.
St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of..... }
County of..... } ss.

State File No. 10446
Local Registrar's No. 2887

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of birth
for Birdie Frierson died 3-20-1950 death
~~born~~ 19....., in the State of
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 17 should read Claude Bell 4374 Bell
Charles 4470 Bell

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Claude Bell Inf. Relationship.

4374 Bell Present Address.

Subscribed and sworn to before me this 25 day of April, 1950

My Commission expires 3-4-53 Eun C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.